

**Outbreak Location:** 

## **Viral Gastroenteritis Outbreak: Investigation Line List**

	Symptoms:															
Name/Contact Info	Location/ Room Number	DOB (Age)	M/F	Symptom Onset (Date/ Time)	Symptom Resolution (Date/ Time)	Medical Care Y/N	Lab Y/N	V	D	N	F	Н	С	A	Ма	Му